

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 539104
APPLICANT

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER		
	1st AMENDMENT		2d AMENDMENT			1st AMENDMENT		2d AMENDMENT		
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1					51					
2					52					
3					53					
4					54					
5					55					
6					56					
7					57					
8					58					
9					59					
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42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	3	↓		↓		↓		↓		
TOTAL DEP.	12	←	←	←		←	←	←	←	
TOTAL CLAIMS	15	██████████	██████████	██████████		██████████	██████████	██████████	██████████	

Best Available Copy